

002nd District

03 Sep 11

To: Commander 002nd District
From: Sgt. John Clifford #855
Subject: Initiation Report Log #1048231

Date/Time: 03 Sep 11, Approx. 0100 hrs.

Location: 001 District Station

Allegation: The complainant alleges that while she was being processed as an arrestee she was choked by the arresting officer.

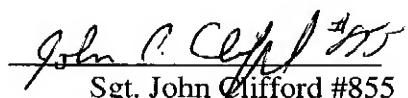
Accused: P.O. Maurice BURKS JR. #4339, Unit 145

Complainant: Elizabeth [REDACTED] F/WH/ DOB: [REDACTED]

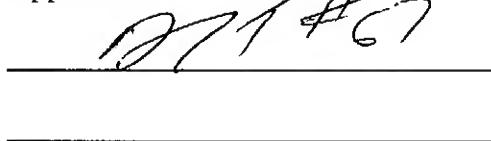
Phone: [REDACTED]

Notifications: 002 Dist. Capt. DeLaTorre #67
IPRA Intake Aid Wolfe emp. [REDACTED]

History: The complainant alleges that while in custody and being processed in the 001 dist. she was choked by P.O. BURKS on two occasions while she was handcuffed. R/Sgt did notice scratch marks on the complainant's neck.


Sgt. John Clifford #855

Approved:



LOG # 1048231

Attachment # 4



INDEPENDENT POLICE REVIEW AUTHORITY
NOTICE

Investigator's Name:	Log Number:	Date:
<u>Richard DeLaney</u>	1048231	9/3/11
Statement of <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs.		
[Redacted]		

My name is Richard DeLaney, and I am an investigator with the City of Chicago's Independent Police Review Authority (IPRA). IPRA is not a part of the Chicago Police Department and I am not a police officer. My job is to investigate police conduct, and I would like to speak with you to investigate the conduct of the police in this incident. IPRA may release your statement, for instance with a court order, subpoena, to pursue disciplinary action against a police officer proven to have committed misconduct, or for other reasons. If you have a lawyer, you are free to speak with that lawyer before giving me a statement.

I, [Redacted], hereby state that I have read the notice and understanding this notice, I voluntarily choose to give a statement to IPRA.

Refused

Signature of Interviewee

Date and Time

Richard DeLaney
Signature of Investigator

Date and Time

9/3/11 - 1815

WISH TO SPEAK TO MY ATTORNEY

Blatt L - W.

09/03/11 6:15pm LOG # 1048231

Attachment # 5

INDEPENDENT POLICE REVIEW AUTHORITY

03 SEP 11
Log #1048231

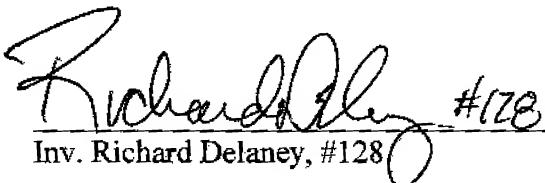
To: Ilana Rosenzweig
Chief Administrator – IPRA

From: Investigator Richard Delaney, #128

Subject: Information

On 03 SEP 11, at approximately 1810 hours, the R/I responded to [REDACTED] in order to interview the Complainant, [REDACTED]. Upon arrival, the R/I spoke with [REDACTED] who declined to give an interview until she had first spoke with her attorney. She indicated that she had not been photographed by an evidence technician.

Prior to leaving, the R/I observed a small area of redness on [REDACTED] left chin/neck area, and redness around both wrists. The R/I spoke with hospital staff who indicated that [REDACTED] was in good condition, had sustained a small scratch to her mid, left neck area, and would be momentarily discharged from the hospital.



Inv. Richard Delaney, #128

APPROVED:



Supervisor, IPRA

LOG # 1048231
Attachment # 6

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11-420C (REV. 6/30)

FINAL APPROVAL

CB # [REDACTED]

IR # [REDACTED]

YD # [REDACTED]

RD # [REDACTED]

EVENT # [REDACTED]

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Female Black Hispanic 5' 06" 140 lbs Brown Eyes Black Hair Long Hair Style Medium Complexion
	Res: [REDACTED]	Beat: 2124
	Unknown	
	DOB: [REDACTED]	
	AGE: [REDACTED]	
	POB: [REDACTED]	
DLN: [REDACTED]		
ARMED WITH Unarmed		

INCIDENT	Arrest Date: 03 September 2011 00:42	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: [REDACTED]		DCFS Ward ?	No
	238 - Highway/Expressway		Dependent Children?	No	
	Holding Facility: Central Female Lockup				
Resisted Arrest? Yes					

CHARGES	Victim			
	1	Offense As Cited	625 ILCS 5.0/11-501-A-2 DRVG UNDER INFLU OF ALCOHOL Class A - Type M	
	2	Offense As Cited	625 ILCS 5.0/11-601-B IVC - DRIVING 15-20 MPH ABOVE SPEED LIMIT Class P -	
	3	Offense As Cited	625 ILCS 5.0/3-708 OPERATE MTR VEHICLE/REGIS/SUSPENDED/NON-INSURED Class U -	
	4	Offense As Cited	720 ILCS 5.0/12-3-A-2 BATTERY - MAKE PHYSICAL CONTACT Class A - Type M	

RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			
	IR # [REDACTED]	CB # [REDACTED]	CB # [REDACTED]	CB # [REDACTED]

LOG # 1048231

Attachment # 7

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

ARRESTEE VEHICLE

Vehicle: VEHICLE IMPOUNDED: Yes

2010 Unknown -

Unknown -

Be Tk

VIN#

Lic#

Color: White (Top) / White (Bottom)

Inv#:

Pound#:

Disposition:

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR

NOT AVAILABLE IN THE AUTOMATED ARREST SYST

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] INVESTIGATIVE ALERT CLEAR. NOT ON T.R.A.P. OR G.I.P.P. LIST. SUBJECT HAS NO U.S.C. ON HER PERSON. ABOVE SUBJECT WAS STOPPED FOR DRIVING 64MPH IN A 45MPH SPEED ZONE. SUBJECT HAS A STRONG ODOR OF A ALCOHOLIC BEVERAGE ON HER BREATH, BLOOD SHOT GLASSY EYES, SLURRED SPEECH AND DIRTY CLOTHING. SUBJECT ADMITTED TO DRINKING TWO ALCOHOLIC BEVERAGES WHILE AT HER SISTER WEDDING. SUBJECT FAILED ALL STANDARDIZED FIELD SOBRIETY TESTS. SUBJECT WAS ARRESTED AND TRANSPORTED INTO THE 001ST. DISTRICT FOR PROCESSING MARANDA WARNINGS GIVEN. SUBJECT BECAME IRRATE DURING TRANSPORT BY YELLING INSULTS AND PROFANITY AND PULLED UP HER DRESS AND THREATEN TO URINATE IN THE POLICE CAR. SUBJECT BECAME COMBATIVE WHEN P.O. BURKS TRY TO HANDCUFF HER TO THE WALL. SUBJECT STRUCK P.O. BURKS IN THE HEAD WITH HER HAND. P.O. BURKS GRABBED SUBJECT BY THE SHOULDER AND THE BACK OF THE NECK TO CONTROL SUBJECT AND PLACED HER IN HANDCUFFS. SUBJECT BEGAN CALLING HERSELF A BITCH, PROSTITUTE, AND CALLED P.O. BURKS THE N-WORD (NEGA) TWENTY THREE TIMES. SUBJECT REFUSED BREATH AND ALTERNATIVE TESTS. INVENTORY [REDACTED] SEARCH BY SHELL-23170 CENTRAL LOCKUP. THE PASSENGERS IN THE VEHICLE WAS HER HUSBAND AND TWO DAUGHTERS 13YRS AND 3YRS OF AGE. HUSBAND WAS INTOXICATED ALSO. NOTIFICATION: VIOLENT CRIMES SGT. STUART STAR#2144 BEAT# [REDACTED]

Chicago Police Department - ARREST Report

CB # [REDACTED]

ARREST REPORTING			
COURT INFO	BOND INFO		
		Bond Date:	Type:
Desired Court Date: 05 October 2011 Branch: TRFCT50 W WASHINGTON - Room Court Sgt Handle? No Initial Court Date: 05 October 2011 Branch: TRFCT 50 W WASHINGTON - Room Docket #:		Bond Date: 03 September 2011 8:47 Type: 10% Of Bond Paid Receipt #: [REDACTED] Amount: \$3,000.00	
ATTESTING OFFICER:			
I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.			
Attesting Officer:	#4339 BURKS JR, M	[REDACTED]	03 SEP 2011 05:51
ARRESTING OFFICER(S):			
1st Arresting Officer:	#4339 BURKS JR, M	[REDACTED]	Beat [REDACTED]
APPROVING SUPERVISOR:			
Approval of Probable Cause :	#428 GUERRERO, R J	[REDACTED]	03 SEP 2011 06:42

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: Central Female Lockup Received in Lockup: 03 September 2011 06:20 Prints Taken: 03 September 2011 06:55 Palmprints Taken: Yes Photograph Taken: 03 September 2011 06:54 Released from Lockup: 03 September 2011 08:57	Time Last Fed: 03 September 2011 06:20 Time Called: 03 September 2011 06:49 Phone#: 17735578999 Cell #: 74 Placed in one person cell Transport Details : 1PO 3202R 03-SEP-2011 01:13		
VISUAL CHECK OF ARRESTEE			
Is there obvious pain or injury? Is there obvious signs of infection? Under the influence of alcohol/drugs? Signs of alcohol/drug withdrawal? Appears to be despondent? Appears to be irrational? Carrying medication?	No No Yes No No No No	Presently taking medication? (If female)are you pregnant? First time ever been arrested? Attempted suicide/serious harm? Serious medical or mental problems? Are you receiving treatment?	No No Yes No No No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Ring On Lft Ring Finger Cant Remove. Odor Of Alcohol. Brusing Under Chin & Both Wrist.

LOCKUP KEEPER COMMENTS:

03 SEP 2011 07:10 BRIDGES, Delois M [REDACTED] No Sandwich Wanted. Call Made 1773-557-8999 & 0700 Hrs. Again.

EMERGENCY CONTACT

Name : REFUSED

Res: Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

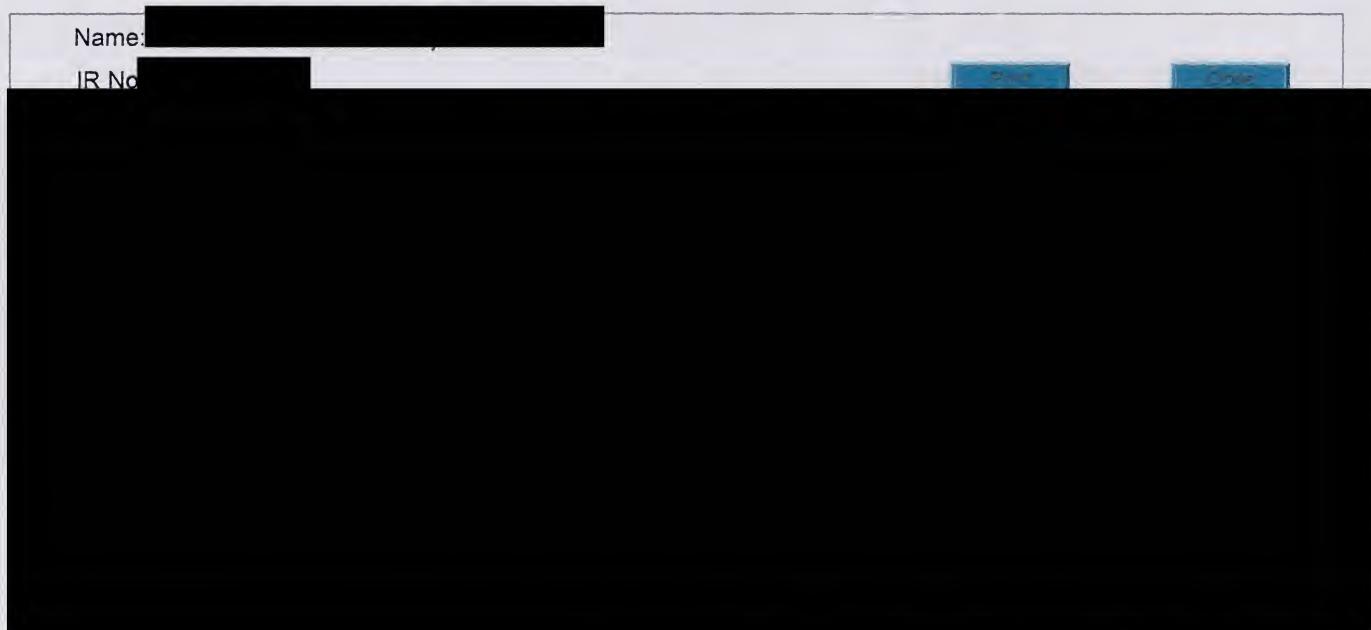
Searched By: MC CARTY, K L
Lockup Keeper: #16841 SPANN, M R
Fingerprinted By: MC CARTY, K L

Beat

APPROVAL PERSONNEL:

Final Approval of Charges : #428 GUERRERO, R J 03 SEP 2011 08:24

Beat



LOG # 1D48731
Attachment # 8

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 03-SEP-2011		TIME 01:22:00	2. ADDRESS OF OCCURRENCE 1716 S STATE ST CHICAGO, IL 60616				3. LOCATION CODE 280		4. BEAT/OCCCBR [REDACTED]		
MEMBER INVOLVED SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME BURKS JR	7. FIRST NAME MAURICE	8. STAR NO. 4339	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED] 1963	12. HT. 605	13. WT. 210		
	14. DATE OF APPT. 02-MAY-1994	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT [REDACTED]	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE WBH	25. D.O.B. [REDACTED]	26. HT. [REDACTED] 1982	27. WT. 506			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/HANDSIFISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 625 ILCS 5.0/3-706, 625 ILCS 5.0/11-601-B, 625 ILCS 5.0/11	37. CB NO. [REDACTED]	38. IR NO. [REDACTED]	39. DNA [REDACTED]				
	40. REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
	SUBJECT'S ACTIONS MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>					
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>					
		OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____					
		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>					
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____						
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____	OTHER _____							
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>										
OTHER _____	OTHER _____										
43. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <input checked="" type="checkbox"/>	44. ADDITIONAL INFORMATION MEMBER RESPONDED BY GRABBING SUBJECT BY THE SHOULDER AND BACK OF NECK TO CONTROL SUBJECT.										
POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR						
45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	46. MAKE/MANUFACTURER [REDACTED]	47. MODEL [REDACTED]	48. BARREL LENGTH [REDACTED]	49. CALIBER/GAUGE [REDACTED]						
50. TASER DART ID NO. [REDACTED]	51. WEAPON SERIAL NO. (Include Letters) [REDACTED]	52. CHICAGO GUN REG NO. [REDACTED]	53. IL FIREARM OWNER ID: NO. [REDACTED]	54. HANDGUN CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]										
70. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) BURKS JR, MAURICE 03-SEP-2011 05:55:52	STAR/EMPLOYEE NO. 4339	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) KINZIE, SCOTT J	STAR NO. 1568	SIGNATURE [REDACTED]	DATE REVIEWED 03-SEP-2011 05:56:31	TIME [REDACTED]			

LOG # **10-1823**

Attachment # **9**

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

The subject was advised of her rights which she indicated that she understood. Subsequently, the arrestee admitted that she had been drinking at her sister's wedding and driving over the speed limit because she wanted to get home and needed to use the bathroom. Subsequently, she admitted that she was "angry and irate" and uncooperatively may have impulsively swung her arm at the officer after leaving the processing room bathroom. Finally, the arrestee expressed regret and apologized for her actions.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the existing evidence, it is my opinion that the officer's actions were necessary and in accordance with Department policy and guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GUERRERO, RICHARD J

SIGNATURE

DATE COMPLETED

TIME

03-SEP-2011 07:09:14

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| <input type="checkbox"/> TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | | |

80. TOTAL TRR'S THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murdar, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) BURKS JR, MAURICE		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 1718 S STATE ST CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> LOCATION CODE BEAT OF OCCURRENCE 280-POLICE FACILITY/VEH PARKING 0132 DATE OF OCCURRENCE TIME DAY OF WEEK 03-SEP-2011 01:22:00 SATURDAY NO. OF OFFICERS BATTERED 1	
STAR NO. 4339	POSITION POLICE OFFICER	EMPLOYEE NO. [REDACTED]	
DATE OF APPOINTMENT [REDACTED]-1994	UNIT OF ASSIGNMENT [REDACTED]	BEAT/CALL NO. [REDACTED]	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]-1963	
HEIGHT 605	WEIGHT 210		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOE ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input checked="" type="checkbox"/> K. OTHER			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
A. DAYLIGHT	D. DUSK	C. NIGHT	E. ARTIFICIAL LIGHT
			1. POOR <input checked="" type="checkbox"/> 2. GOOD
<input type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WINDS	
G. OTHER			
APPROXIMATE OUTDOOR TEMPERATURE: 76 °F			

LOG # **1048231**
Attachment # **10**

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
BURKS JR, MAURICE

STAR NO.
4339

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
GUERRERO, RICHARD J 428

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

RD #: [REDACTED]
 Case ID: [REDACTED] cas201

EVENT #: [REDACTED]

APPROVAL COMPLETE			
IUCR: 0454 - Battery - Agg Po Hands No/Min Injury			
INCIDENT	Occurrence Location:	1718 S State St Chicago IL 60616 280 - Police Facility/Veh Parking Lot	Beat: 0132
	Occurrence Date:	03 September 2011 01:22	Unit Assigned: 3220R RO Arrival Date: 03 September 2011 00:31 # Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: BURKS, P.O. 1718 S State St Chicago, Illinois 60616	Beat: 0132	
Sobriety: Sober CPD Officer: Yes			

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]	Res: [REDACTED]	Beat: [REDACTED]
	Demographics Female DOB: [REDACTED] White Hispanic Age: [REDACTED] 5'06, Birth Place: [REDACTED] 140 lbs , DLN: [REDACTED] Brown Eyes Brown Hair Long Hair Style Fair Complexion Suspected of Using: Alcohol		

RELATIONSHIP	BURKS, P.O.	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
				[REDACTED]	

NARRATIVES	OFFENDER WAS STOPPED FOR A SPEEDING VIOLATION, ARRESTED FOR DUI, AND TRANSPORTED TO 001 FOR PROCESSING. WHEN VICTIM ATTEMPTED TO HANDCUFF OFFENDER TO A PROCESSING ROOM WALL, THE OFFENDER STRUCK THE VICTIM TO THE HEAD WITH HER HAND. VICTIM WAS ABLE TO RESTRAIN OFFENDER USING VERBAL COMMANDS AND CONTROL HOLDS AND RESUME PROCESSING. NOTIFICATION: VIOLENT CRIMES SGT STUART Beat#: [REDACTED] Star#: 2144 Emp#: Date: 03-SEP-2011 Time: 0443 NOT
	RD #: [REDACTED]

Chicago Police Department - Incident Report

RD #: [REDACTED]

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	1568	[REDACTED]	KINZIE, Scott, J	[REDACTED]	03 Sep 2011 04:50	[REDACTED]	[REDACTED]

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]

INDEPENDENT POLICE REVIEW AUTHORITY

08 SEP 11
Log #1048231

TO: Commanding Officer
Traffic Court Records Division

FROM: Inv. Richard Delaney, #128

SUBJECT: Request for DUI Packet

The Reporting Investigator respectfully requests any and all documents relative to the DUI Packet for the following:

NAME: [REDACTED]

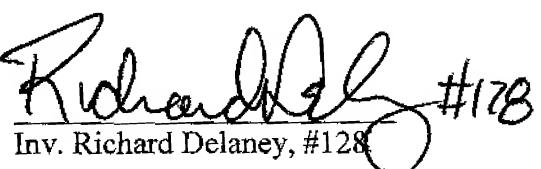
CB: [REDACTED]

D.O.B: [REDACTED]

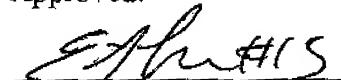
ARREST DATE: 03 SEP 11 – 0042 hours

DISTRICT: 021 (Beat 2132)

Please send all documents via police mail to Inv. Richard Delaney, #128, Independent Police Review Authority.


Inv. Richard Delaney, #128

Approved:


Supervisor, IPRA

LOG # 1048231

Attachment # 13

E.T. Photographs
of.



LOG # 1048231

Attachment # 14







P.D.O.Y.L.E 7554 A77

STAR NO. UNIT

PHOTOGRAPHER'S NAME

G3SEPII 1830

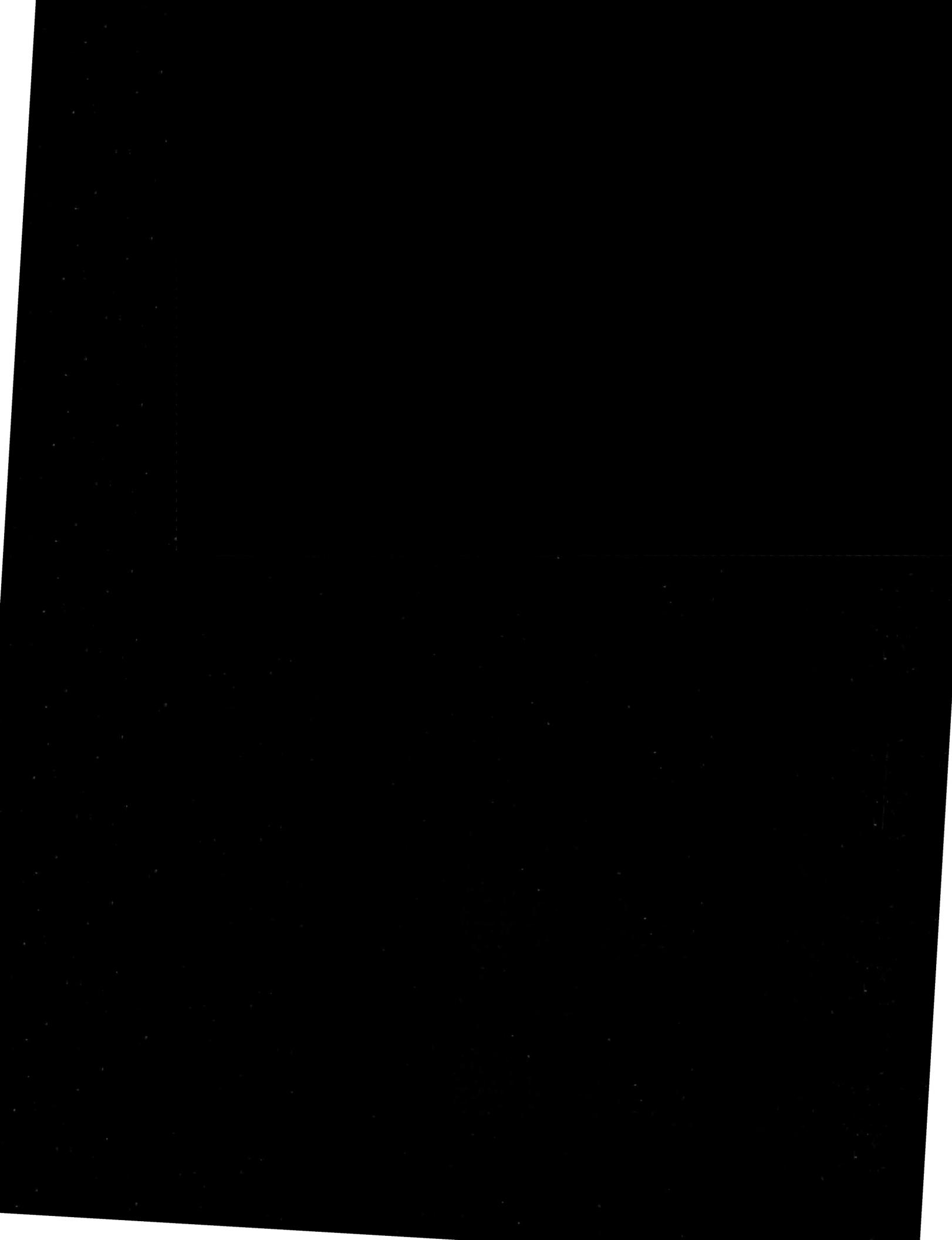
DATE & TIME PHOTOS TAKEN

CR INVESTIGATION

OFFENSE/INCIDENT

LOG # 1048231

~~RECORDED~~





W/M - 22331

Video

Alcohol/Drug Influence Report
CHICAGO POLICE DEPARTMENT

DUI CITATION NUMBER:

COURT
ROOM

KEY

DATE

TIME

408

U

05 OCT 11

1300

NAME (LAST, FIRST, MIDDLE)

DRIVERS LICENSE NUMBER

STATE

IL

ARRESTEE	SEX	RACE	DATE OF BIRTH	LOCATION OF INCIDENT	DATE/TIME OF INCIDENT	NUMBER OF OCCUPANTS
					Q3 EXP 11 0031 hrs	

YEAR MAY 10

CDL/DMV LIC #/STATE

CRASH	DID YOU SEE DEFENDANT DRIVING?	IF PARKED WAS DEFENDANT BEHIND THE WHEEL?	WAS MOTOR RUNNING?	WAS KEY IN THE IGNITION?	VEH. DISPOSITION
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOWED				

DESCRIBE CLOTHING (TYPE & COLOR)	(S)lim dress, (B)K TIP TIPS				
----------------------------------	-----------------------------	--	--	--	--

ODOR OF ALCOHOLIC BEVERAGE:	<input type="checkbox"/> STRONG	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SLIGHT	<input type="checkbox"/> OTHER - DESCRIBE:
-----------------------------	---------------------------------	-----------------------------------	---------------------------------	--

<input type="checkbox"/> EXCITED	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> TALKATIVE	<input type="checkbox"/> AGGRESSIVE	<input type="checkbox"/> SLEEPY
<input type="checkbox"/> COMBATIVE	<input type="checkbox"/> INDIFFERENT	<input type="checkbox"/> INSULTING	<input type="checkbox"/> PROFANITY	

<input type="checkbox"/> BLURRED	<input type="checkbox"/> STUTTERED	<input type="checkbox"/> CONFUSED	ACCENT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/> MUMBLED	<input type="checkbox"/> TRICK TONGUED			

<input type="checkbox"/> HICCUPPING/COUGHING	<input type="checkbox"/> BELCHING	<input type="checkbox"/> CRYING	<input type="checkbox"/> LAUGHING	<input type="checkbox"/> VOMITING	<input type="checkbox"/> FIGHTING
--	-----------------------------------	---------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

SIGNS OF FIGHTING/INJURY:

NO WOUNDS, CONCUSSIONS.

SUBJECT STATE THAT SHE DOES NOT HAVE ANY INJURIES.

DESCRIBE LOCATION AND SURFACE WHERE FIELD SOBRIETY TESTS WERE GIVEN:

Asphalt street at [REDACTED] entrance

NOTE: HORIZONTAL GAZE NYSTAGMUS TEST CAN BE ADMINISTERED ONLY BY TRAINED OFFICERS.

HORIZONTAL GAZE NYSTAGMUS TEST

RIGHT



LEFT



LACK OF SMOOTH PURSUIT

DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION

ONSET PRIOR TO 45 DEGREES (SOME WHITE SHOWING)

VERTICAL NYSTAGMUS YES NO TEST REFUSED

ONE LEG STAND TEST

SWAYS WHILE BALANCING

USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES)

HOPPING

PUTS FOOT DOWN

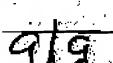
CANNOT DO TEST (I.E. PUTS FOOT DOWN 3 OR MORE TIMES)

 TEST REFUSED

WALK AND TURN TEST

CANT KEEP BALANCE WHILE LISTENING TO INSTRUCTIONS

STARTS BEFORE INSTRUCTIONS ARE FINISHED

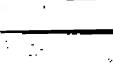


STOPS WALKING TO STEADY SELF

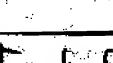
DOES NOT TOUCH HEEL-TO-TOE (MORE THAN 1/2 INCH BETWEEN)



LOSES BALANCE WHILE WALKING (STEPS OFF THE LINE)

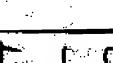


USES ARMS FOR BALANCE (RAISES ARMS MORE THAN SIX INCHES)



LOSES BALANCE WHILE TURNING, TURNS INCORRECTLY

INCORRECT NUMBER OF STEPS



CANNOT DO TEST (I.E. STEPS OFF LINE 3 OR MORE TIMES, FALLS)

Justed walked

 TEST REFUSED

FINGER-TO-NOSE TEST

RIGHT INDEX



LEFT INDEX



DRAW LINES TO SPOTS TOUCHED

2

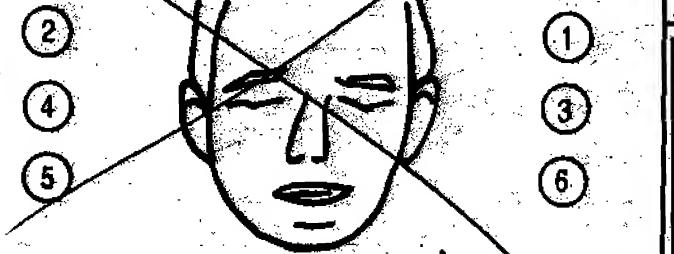
4

5

1

3

6

 OPENED EYES Log 1040 6231 TEST REFUSED ATI #15

Subject Test Record

Model Name:
Intox EC/IR
Serial Number: 04063
CHICAGO PD 1ST DIST
Test Rec. #:
110903190
Test Date: 09/03/11
Time: 02:00

ACCURACY CHECK

Test Date: 09/01/11
Test Rec. #:
110901189
Dry Gas Std:
.081 g/210L
MEq Lot No: 0641008211
Tank Expiry Date:
04/01/12
BLK .000 07:00
STD .079 07:02
BLK .000 07:02
STD .079 07:04
ACCURACY CHECK PASSED

Operator Name:
BURKS
Operator ID:
4339
Subject Name:
ESCOBAR-W.ELIZABETH
Subj DOB: 01/10/82
Subject Sex: Female
License No:
IL-EZ1622002610
Arresting Officer:
BURKS

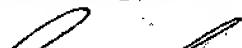
Arrest Officer ID:
4339
ARRESTING DEPT.:
CPD
COUNTY NAME:
COOK
CITATION NO:
TW212917

System Check Passed
TEST g/210L Time:
BLK .000 02:02
SUBJ .*** 02:03

Test Date: 09/03/11

TEST REFUSED

Operator Signature:



CHICAGO POLICE DEPARTMENT BREATH ANALYSIS LOG

DISTRICT # 001

SERIAL NUMBER [REDACTED]

INSPECTOR _____

DATE	TIME	NAME & TITLE	RESULT REFUSED	BLOOD TYPE	TEST NUMBER	DEPARTMENT OR LABORATORY	ARRESTING OFFICER	COURT DATE
24 July 24			216			P.O. RAY HILL MSS	P.O. Ray Hill 1138	30 AUG
25 July 25	0643		0.000			M. Sullivan - Pope	McGraw	STATE MEMBER
Aug 1 1			0.00			P.O. R. GILKES 4569	"	"
26 July 26	0151					T.P.M. W. FARNER - 5731		01/16
27 July 27	0334					MR. C. Lindmark	6070	01/16
Aug 11 07	0235		0.152			MR. J. Justeson	6213	09/16
Aug 11 07	0235		178			MR. A. Kozme-Sokolsky #6216	09/16	
Aug 11 07	0236		.291			P.O. A. MECANO 3201	185	
Aug 11 07	0244		Refused			P.O. ERICSON NUMBER 1946	230	
Aug 11 07	0700		0.0			C. P. HILLMAN 10187	McFEELEY	
Aug 11 07	0100		162			MR. L. REZ	6194	01/16
Aug 11 07	0100		0.00			Mr. E. S. 81849	Administration	
Aug 11 07	0100		Refused			P.O. R. GILKES 4569	-	
Aug 11 07	0100		0.00			MR. C. LINDMARK	6070	01/16
Aug 11 07	0101		122			LITTLE THOMAS	N. 14	01/16
Aug 11 07	0103		Refused			TPK D. DOMAN	5930	01/16
Aug 11 07	0220					MR. C. LINDMARK	4339	01/16
Aug 11 07	0337					P. O. RAY HILL MSS	CHAMPER 3371	01/16

State of Illinois

Department of State Police

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below, limited under the authority of The State of Illinois Department of State Police.



ID NUMBER
[REDACTED]

CATEGORY

BAD 4/13/2010

EXPIRES
4/13/2013

MAURICE . BURKS JR

CHICAGO POLICE DEPT

248

1200 W JACKSON BOULEVARD

IL

60607-

CHICAGO

11

Printed by the Authority of the State of Illinois - ISP 8-39 (11/01)

LAW ENFORCEMENT SWORN REPORT

Circuit Court

County

Municipal District

Case Number

NOTICE OF SUMMARY SUSPENSION

FOR TRAFFIC CITATION NO. (OTHER)

Name

First

Middle

Last

CDL

Arrest Date	Month	Date	Year	Time
<i>Sep 13 11</i>	2011			

City and/or County of Arrest
Chicago Cook

Refusal or Test Date	Month	Date	Year	Time
<i>Sep 13 11</i>	2011			

Place of Refusal or Location of Test
07 03 09

The suspension shall take effect on the 40th day following issuance of this notice of summary suspension. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drugs, intoxicating compound(s), or any combination thereof, content of your breath, blood, or urine and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension. You must file a petition to rescind your suspension within 90 days of this notice.

- Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 12 months.*
 Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:
- an alcohol concentration of _____, which is .08 or more; or
 - any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act;
- your driving privileges will be suspended for a minimum of 6 months.*

*NOTE: If it is determined that you are not a "first offender," as defined in Section 11-501 of the Illinois Vehicle Code, and:

- You refused to submit to or failed to complete all requested chemical tests, the period of suspension will be a minimum of 3 years; or
- You submitted to chemical testing that disclosed an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; the period of suspension will be a minimum of 1 year.

Driver's license surrendered? Yes No; Reasons _____

Driver's license valid at time of arrest? Yes (Sign receipt) No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance. (Explain) *Arrested for driving under the influence of alcohol*

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:

- Served immediate Notice of Summary Suspension of driving privileges on the above-named person.
 Given Notice of Summary Suspension of driving privileges to the above-named person by depositing in the U.S. mail said notice in a self-addressed envelope addressed to said person at the address as shown on the Uniform Traffic Ticket. _____

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

ID Number

Law Enforcement Agency

Date *Sep 13 11*
Month Day Year

223317

WARNING TO MOTORIST

DUI TRAFFIC CITATION NO. (IL-501-8)

Case Number: _____

DUI TRAFFIC CITATION NO. (OTHER)

Subsequent to an arrest for driving while under the influence of alcohol, other drug(s) or intoxicating compound(s), or any combination thereof (DUI), you are hereby notified that:

As provided in Section 11-500 of the Illinois Vehicle Code, you are a first offender unless within the last 5 years of this arrest for DUI you have had:

- A previous conviction or court-ordered supervision for DUI or a similar provision of a local ordinance; or
- A conviction in any other state for DUI or a similar offense where the cause of action is the same or substantially similar to the Illinois Vehicle Code; or
- Pursuant to a DUI arrest, an Illinois driver's license suspension for refusing to submit to or failing to complete all requested chemical tests, or for submitting to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and were subsequently found not guilty of the associated DUI charge.

Considering the above, you are warned:

1. If you refuse or fail to complete all chemical tests requested and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 12 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 3 years;
2. If you submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 6 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

You are further warned that if you are a Commercial Driver's License (CDL) holder, your CDL privileges will be disqualified for the following time period if you refuse to submit to or fail to complete all chemical tests requested, or submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act:

- If you are a first offender, your CDL privileges will be disqualified for 12 months; or
- If you are not a first offender, your CDL privileges will be disqualified for life.

MOTORIST UNDER AGE 21

You are further warned that as a motorist under age 21, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00 and less than .08, your driving privileges will be suspended as provided in Sections 6-208.2 and 11-501.8 of the Illinois Vehicle Code.

As provided in Section 6-208.2, you are a first offender unless you have had a previous suspension under Section 11-501.8 for refusing or failing to complete a chemical test(s) or for submitting to a chemical test(s) disclosing an alcohol concentration of more than .00.

- If you are a first offender, your driving privileges will be suspended for a minimum of 3 months; or
- If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

SCHOOL BUS DRIVER

You are further warned that as a school bus driver operating a school bus in accordance with Section 6-106.1a of the Illinois Vehicle Code, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00, your privilege to possess a school bus driver permit will be cancelled for 3 years as provided under Sections 6-106.1a and _____.

Warning Issued To: _____

Name of Motorist: _____

Driver's License Number: _____

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

ID Number: _____

Signature of Arresting Officer: _____

Law Enforcement Agency: _____

Date of Warning: 03 Sep 11

Time of Warning: 1:40 p.m.

INDEPENDENT POLICE REVIEW AUTHORITY

08 NOV 11
Log #1048231

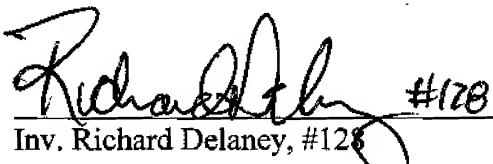
To: Ilana Rosenzweig
Chief Administrator – IPRA

From: Investigator Richard Delaney, #128

Subject: Information

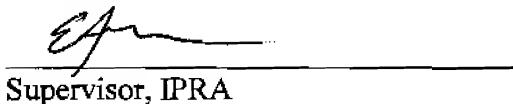
On 08 NOV 11, at 1035 hours, the R/I spoke with [REDACTED] the attorney the complainant, [REDACTED] identified as the individual representing her relative to the criminal charges that resulted from this incident. Upon speaking with Atty. [REDACTED] he confirmed that, upon his advice, [REDACTED] would not be providing a statement to this office relative to the allegations until the conclusion of her criminal trial. Upon inquiry, Atty. [REDACTED] stated that he did not have a date when he expected the criminal trial to begin or end.

The R/I subsequently advised Atty [REDACTED] that [REDACTED] complaint would be closed if she did not provide a statement and sign an affidavit. Atty. [REDACTED] indicated that he understood this requirement and that this investigation would not be put in suspense until the end of the criminal trial.


Richard Delaney #128

Inv. Richard Delaney, #128

APPROVED:



Supervisor, IPRA

LOG # 104823
Attachment # 16



City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

10 West 35th Street
Suite 1200
Chicago, Illinois 60616
(312) 745-3594 (Complaint line)
(312) 745-3609 (General)
(312) 745-3591 (FAX)
(312) 745-3593 (TTY)
www.iprachicago.org

November 8, 2011
Log #1048231

VIA Certified Mail

Dear Attorney [REDACTED]

This letter is to confirm that on November 8, 2011, I spoke to you via telephone regarding a complainant filed with this office relative to an incident involving your client, [REDACTED]. I stated that I spoke with [REDACTED] regarding her complaint, and informed her that in order to continue the investigation into her allegations, she would need to provide a statement and sign a sworn affidavit. I also indicated that I advised [REDACTED] that this investigation would not be held open until the conclusion of her criminal trial.

Attached to this correspondence is a copy of the letter I have sent to [REDACTED] advising her that the investigation into her allegations will be terminated without her cooperation.

Should you or [REDACTED] need to contact me, I can be reached at (312) 745-3594, ext. 1105, between the hours of 9:00 a.m. and 5:00 p.m. If I am not available, please leave me a message on my voicemail and include your name and a telephone number where you may be reached. I will return your call as soon as I receive the message.

Sincerely,


Investigator Richard Delaney, #128
Independent Police Review Authority



LOG # 1048231
Attachment # 19



What Mail Provides:

a mailing receipt

A unique identifier for your mailpiece

A record of delivery kept by the Postal Service for two years

constant Reminders:

Certified Mail may ONLY be combined with First-Class Mails or Priority Mails.

Certified Mail is not available for any class of International mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For
valuables, please consider insured or Registered Mail.

For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 5311) to the article and add applicable postage to cover the fee. Endorse envelope "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS_® postmark on your Certified Mail receipt is required.

For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

Forced access August 2008 (Reverset) PSN 7530-02-000-8047

Independent Police Review Authority

110 West 35th Street - 12th Floor
Chicago, Illinois 60616

Chicago, Illinois 60610
Dee Ann G-1 / 1048231



City of Chicago





City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

10 West 35th Street
Suite 1200
Chicago, Illinois 60616
(312) 745-3594 (Complaint line)
(312) 745-3609 (General)
(312) 745-3591 (FAX)
(312) 745-3593 (TTY)

www.iprachicago.org

November 25, 2011

The Independent Police Review Authority is requesting your cooperation to secure a copy of the medical records of the patient named below concerning medical treatment received at your facility.

Name: [REDACTED]
Address: [REDACTED]
Date of Birth: [REDACTED]
SSN (if known): [REDACTED]
Date of Treatment: [REDACTED]

A copy of the Consent by Patient to Disclose Information Release Form is attached. Please mail any and all medical documentation to:

Independent Police Review Authority
Attention: Investigator Richard Delaney, #128
10 West 35th Street, 12th Floor
Chicago Illinois, 60616

If you have any questions or require further information, please contact me at (312) 745-3594, ext. 1105. If you are not able to locate any information on the above listed patient, please contact me by telephone and/or by mail. Thank you in advance for your assistance.

Respectfully,

Investigator Richard Delaney, #128



LOG # 1048231

Attachment # 20



**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION**
CITY OF CHICAGO - INDEPENDENT POLICE REVIEW AUTHORITY

TO: [REDACTED] _____

DATE: 11/25/11

RE: Log 1048231 - [REDACTED]

(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. §1320(d) *et seq.* (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [REDACTED]

Birth Date: [REDACTED]

Address: [REDACTED]

Social Security Number: UNKNOWN

Date of Treatment: [REDACTED]

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

Richard DeCancy
(Signature of Requestor)

Richard DeCancy
(Name of Requestor) (Please Print)

312-745-3594
(Telephone Number of Requestor)

LOG # 1048231

Attachment #

CERTIFIED MAIL



City of Chicago | Independent Police Review Authority

10 West 35th Street - 12th Floor

Chicago, Illinois 60616

DECLAWED 1048131



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CERTIFIED MAIL RECEIPT**

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

PS Form 3809, August 2005

See Reverse for Instructions



Your request for records/information for:

Name: [REDACTED] Date of Birth: _____

SS#: [REDACTED]

Date: [REDACTED] 10-11

A diligent search has been made for the following requested information concerning the above patient: Dates requested: _____

Your request cannot be processed because:

According to our Master Patient Index, the patient that you have requested information on has no dates of service at our facility. If you can send us additional information to identify the patient you have requested, we will gladly re-check our files.

After a diligent search of our files, we have been unable to locate records/information pertaining to the dates (admission or discharge) that you have requested.

According to our Master Patient Index, the patient does have confinement dates at our facility. However, the dates of confinement that you have requested do not appear in our Master Patient Index.

A signed/completed patient authorization or release of information is required.

We have been unable to locate records pertaining to this date of service/admission. If you still need these records, please re-request them.

The attached subpoena submitted does not contain all required data, i.e., authorization, court order, HIPAA compliant statement, signature and/or seal of the official empowered to issue subpoena, etc.

Other _____

For patient's seen prior to August 17, 1993, please contact us: [REDACTED]

Sincerely,

Health Information and Records

Revised 12/18/07

LOG # 1048231

Attachment # 22

INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO. 1048231	DATE OF INCIDENT 03 SEP 11	PAGE NO. 1
DATE	TIME	ACTIVITY		INVESTIGATOR
03 SEP 11	17:15	REGISTERED		WOLFE
03 SEP 11	17:30	PULLED REPORTS		WOLFE
03 SEP 11	17:40	INV. DELANEY RESPONDED TO [REDACTED]		WOLFE
03 SEP 11	17:47	INV CHICO ORDERED AN EVIDENCE TECHNICIAN TO [REDACTED]		WOLFE
08 Sep 11	1205	Att to Contact C via telephone - left mess to contact [REDACTED] RO		
		Received telephone call from C; In 1215 L.A. possibly to set appointment		
		→ Returned call to C Left mess facesheet		1
		Conflict Cert FC		2
		Conflict Cert RO		3
		Initiation Rept		4
		IPRA Notice/Refusal to speak w/R.I.		5
		T/F information		6
		AIR of [REDACTED]		7
		CB. Photos of [REDACTED]		8
		TRR of M. Burks		9

LOG NO. 1048231

ATTACHMENT NO. 23

INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO.	DATE OF INCIDENT	PAGE NO.
		1048231	9/3/11	2
DATE	TIME	ACTIVITY		INVESTIGATOR
8 Sep 11	1715	OBR- Burks	10	
		Auto Case Rept	11	
		E.T. Photo request	12	
		DUI Package request	13	RD
9/19/11	1150	E.T. Photographs of [REDACTED]	14	
" 1/1/11	1330	DUI Package	15	RD
" 1/1/11	1335	ATT to contact C Left mess on VM.		RD
" 1/8/11	1030	spoke w/ Comp. [REDACTED] will not give a stmt until crim. trial is over		RD
		T/F Info:	16	RD
		Cert Mail to Comp.	17	
" 1/8/11		T/F: info	18	
		Cert Mail to C's ATTY	19	
" 1/25/11	1325	Request for meds	20	
		Returned green card cert mail from ATTY [REDACTED]	21	RD
1/9/12	1300	Returned Med Request - Deined	22	RD
		Inv. Log - closed NON-Coop.	23	

LOG NO. 1048231
ATTACHMENT NO. 23